

4/6/2018

# 214000034297

Division of Corporations

## Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.  
Account Number : 1200900000081  
Phone : (307)200-2803  
Fax Number : (855)330-1010

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

### LLC REGISTERED AGENT CHANGE LITMUS QUALITY ASSURANCE LLC

|                       |         |
|-----------------------|---------|
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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: LITMUS QUALITY ASSURANCE LLC

2. (a) 11231 NW 20th Street (b) 11231 NW 20th Street  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

Suite 140-191

Suite 140-191

Miami, FL 33172

Miami, FL 33172

02/28/2014

L14000034297

3. Date of filing/registration in Florida

4. Document number

5. (a) GADSON, BRANDON T

Registered Agent and Registered Office shown on the records of the Florida Dept. of State.

11231 NW 20th Street

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Suite 140-191

Miami, FL 33172

(b) Northwest Registered Agent, LLC.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

3030 N. Rocky Point Dr.

NEW Registered Office Address:

STE 150A

Tampa, FL 33607

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Morgan Noble  
Signature of a member or authorized representative of a member

Morgan Noble  
Printed or typed name of signer

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Tom Glover Tom Glover - Assistant Secretary  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00

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